



**APPLICATION FOR UNITED STATES PATENT
DECLARATION * POWER OF ATTORNEY * PETITION**

COPY OF PAPER
ORIGINALLY FILED

AS A BELOW-NAMED INVENTOR, I/WE hereby declare that:

MY/OUR RESIDENCE, citizenship, and post office address are as stated below, next to my/our name.

I/WE BELIEVE I am/we are the original, first and joint inventor(s), of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMPOSITION AND METHOD FOR RECTAL DELIVERY OF A LINCOSAMIDE ANTIBACTERIAL DRUG

the specification of which, with any Preliminary Amendment, was filed as **United States Application Serial No. 10/072,492 on February 5, 2002**, and which is amended in the Preliminary Amendment, attached hereto.

I/WE HEREBY STATE that I/we have reviewed and understand the contents of the above-identified specifications including the claims, as amended by any Amendment(s) referred to above.

I/WE ACKNOWLEDGE the Duty to Disclose to the Patent and Trademark Office all information known to me/us to be material to patentability of the subject matter claimed in this application, as "materiality" is defined in Title 37, Code of Federal Regulations, § 1.56.

I/We hereby claim priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent, United States provisional application(s), or inventor's certificate listed below and have also identified below any foreign application for patent, United States provisional application, or inventor's certificate having a filing date before that of the application on which priority is claimed:

Priority Claimed

60/147,561	US	August 6, 1999	Yes
09/619,930	US	July 20, 2000	Yes
(Serial No.)	(Country)	(Date Filed)	(Yes/No)

I/We hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I/we acknowledge the duty to disclose all information known to me/us to be material to patentability of the subject matter claimed in this application, as "materiality" is defined in title 37, Code of Federal Regulations, § 1.56, which becomes available between the filing date of the prior application and the national or PCT international filing date of this application:

I/We hereby appoint the following as my/our attorney(s) and/or agent(s) of record with full power of substitution and revocation to prosecute this Application and to transact all business in the Patent and Trademark Office connected therewith.

Christopher S. Bauer	Reg. No. 42,305
Dennis A. Bennett	Reg. No. 34,547
James D. Darnley, Jr.	Reg. No. 33,673
James C. Forbes	Reg. No. 39,457
J. Timothy Keane	Reg. No. 27,808
Robert M. Kennedy	Reg. No. 28,026
Karen B. King	Reg. No. 41,898
Verne A. Luckow	Reg. No. 45,950
Scott J. Meyer	Reg. No. 25,275
Richard A. Mueller	Reg. No. 41,094
Philip B. Polster	Reg. No. 43,864
Rachel A. Polster	Reg. No. 47,004
Joseph R. Schuh	Reg. No. 48,180
James M. Warner	Reg. No. 45,199
Scott A. Williams	Reg. No. 39,876

I/We hereby direct that all correspondence be addressed to:

Pharmacia Corporation
Corporate Patent Department
800 N. Lindbergh Boulevard
O4B
St. Louis, MO 63167

I/WE HEREBY DECLARE THAT ALL STATEMENTS MADE OF MY/OUR OWN KNOWLEDGE ARE TRUE AND THAT ALL STATEMENTS MADE ON INFORMATION AND BELIEF ARE BELIEVED TO BE TRUE; AND FURTHER THAT THESE STATEMENTS WERE MADE WITH THE KNOWLEDGE THAT WILLFUL FALSE STATEMENTS AND THE LIKE SO MADE ARE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH, UNDER SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE AND THAT SUCH WILLFUL FALSE STATEMENTS MAY JEOPARDIZE THE VALIDITY OF THE APPLICATION OR ANY PATENT ISSUED THEREON.

WHEREFORE, I/WE PRAY that Letters Patent be granted to me/us solely or jointly with the additional inventor(s) named below for the invention described and claimed in the above-identified specification and claims, and I/we hereby subscribe my/our name to the above-identified specification and claims, Declaration, Power of Attorney and this Petition.

Inventor's Full Name: Lorraine E. Pena

Inventor's Signature:

Date:

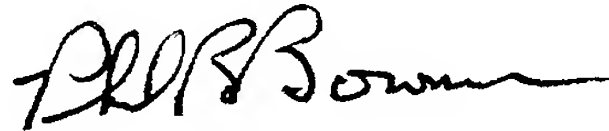
Country of Citizenship: US

Residence Address: 4424 Timberlane Dr., Kalamazoo, MI 49008

Post Office Address:
(if different from above)

Inventor's Full Name: Phil B. Bowman

Inventor's Signature:



Date: May 23, 2002

Country of Citizenship: US

Residence Address: 6456 Torrington Road, Kalamazoo, MI 49009

Post Office Address:
(if different from above)

Inventor's Full Name: Robert S. Chao

Inventor's Signature:

Date:

Country of Citizenship: US

Residence Address: 175 Montague Dr., Portage, MI 49024

Post Office Address:
(if different from above)

Inventor's Full Name: Carolyn V. Pesheck

Inventor's Signature:

Date:

Country of Citizenship: US

Residence Address: 5892 Texas Dr., Kalamazoo, MI 49009

Post Office Address:
(if different from above)

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Inventor's Full Name: Clayton W. Jacobsen

Inventor's Signature:

Date:

Country of Citizenship: US

Residence Address: 14136 Parkway Lane, Plainwell, MI 49080

Post Office Address:
(if different from above)

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Attorney Docket No. C-6193/1

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Verne A. Luckow	Reg. No. 45,950
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Joseph R. Schuh	Reg. No. 48,180
James M. Warner	Reg. No. 45,199
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Inventor's Full Name: Lorraine E. Pena

Inventor's Signature:

Lorraine E. Pena

Date:

May 24, 2002

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Inventor's Full Name: Phil B. Bowman

Inventor's Signature:

Date:

Country of Citizenship: US

Residence Address: 6456 Torrington Road, Kalamazoo, MI 49009

Post Office Address:
(if different from above)

Inventor's Full Name: Robert S. Chao

Inventor's Signature:

Robert S. Chao

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June 4, 2002

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Inventor's Full Name: Carolyn V. Pesheck

Inventor's Signature:

Carolyn V. Pesheck

Date:

7 June 2002

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Post Office Address:
(if different from above)

Inventor's Full Name:	Clayton W. Jacobsen	
Inventor's Signature:	<i>Clayton W. Jacobsen</i>	Date: <i>June 4, '02</i>
Country of Citizenship:	US	
Residence Address:	14136 Parkway Lane, Plainwell, MI 49080	
Post Office Address: (if different from above)		

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